

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

N^o 01775

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Elmer's Code No.

Pick up Address: 112 72nd St Code No.

Telephone Number: (415) 297-778 (Number) (Street) (City) P.O. or Contract No.:

Order Placed By: JVC Date: 12-14-78

Type of Process which Produced Wastes: Painting Code No.
(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent 6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes | <ul style="list-style-type: none"> 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud 11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine |
|--|---|

☐ Other (Specify) _____ Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. <u>Hydrochloric</u>			2	
2. <u>Solvent</u>			3	
3. <u>Oil</u>			10	
4. _____			 	
5. _____			 	
6. _____			 	

Hazardous Properties of Waste:

pH 7.0 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 2000 ☐ gal ☐ tons ☐ barrels ☐ other (specify) _____

Containers: 10 (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____

Special Handling Instructions (if any): Acid waste

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): J & M Filtering Code No.

Business Address: 12524 Telegraph Rd. Santa Fe Springs 90670 Code No.

Telephone Number: (213) 944-1011 (Number) (Street) (City) Pick Up: 12-14-78 Time: 8:30 ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 182

Job No.: 2279 No. of Loads or Trips: 1 Unit No.: 02200

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): California Dept of Health Code No.

Site Address: 4610 W. 10th Ave Code No.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 536 State fee (if any): 10.12

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): _____ Code No.
- ☒ disposal (specify): Code No.
 - ☐ pond ☐ spreading ☐ landfill ☐ injection well
 - ☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 12-14-78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.